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## Editorial: Catholic Health Care Decision Making

Eugene F. Diamond

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## Catholic Health Care Decision Making

by

Eugene F. Diamond, M.D.

*The author is Editor in Chief of The Linacre Quarterly.*

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The Catholic Medical Association affirms the sanctity and dignity of every human life as a Gift of God. All must accept the duties of stewardship for their own lives and the lives in their care.

At the same time, faith in the Resurrection and hope for eternal life allows us to accept death as inevitable and as the inescapable end to temporal life and the gateway to eternal life.

It is for this reason that there is no obligation to utilize all possible treatments and all possible means of prolonging life. Although Catholic teaching does not look upon biological life as an absolute value, it rejects suicide, assisted suicide and euthanasia. Compassion and care for the dying must never include a willingness to assist in the direct ending of their lives.

Each person has a right to make his or her health care decisions, if competent. When no longer able to make health care decisions, a near relative or surrogate must make decisions according to the wishes or beliefs of the patient, within the context of sound Catholic moral principles.

While responsible stewardship for one's own life is morally obligatory, this does not mean that all possible treatments or interventions must be used in all circumstances. One is not morally obliged to use ethically extraordinary means which offer no hope of benefit or the burdens of which are excessive.

It is not suicide or euthanasia to choose not to use ethically extraordinary medical treatment or interventions. Euthanasia in all forms is forbidden. The idea of a "right to die" is invalid unless what is meant is a right to be free from inappropriate interference with one's dying process.

A treatment procedure judged to be ethically ordinary may subsequently become ethically extraordinary. Just because a treatment procedure is initiated does not mean that it cannot be withdrawn at a later time.

The final decision as to whether or not to forego a particular medical intervention rests with the correctly formed conscience of the patient or those qualified to speak on his behalf. A morally appropriate decision should only occur after there has been sufficient deliberation based on the best medical consultation available.

The withholding or withdrawal of medical treatment must not be an occasion for neglecting the patient. Normal care, that is basic personal services, must always be administered. Food and drink, including assisted feeding, are always to be included in ordinary care. No surrogate, agent, or attorney-in-fact can be authorized to deny such services.

Ordinary medical treatment which is necessary to maintain the preservation of life or the restoration of health would be morally obligatory, unless in the particular situation at hand, it is analyzed and judged to be disproportionate to the expected results in preserving life or restoring health.

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